

PHILADELPHIA MEDICAL TIMES.

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ORIGINAL COMMUNICATIONS.

THE USE OF ALCOHOL MEDICINALLY AND SOCIALLY.

BY GEORGE KERR, M.D.

IN treating this subject, I refer to the various substances in which alcohol is contained,—viz., brandy, whisky, wine, ale, beer, etc., and also spirits of wine as used in the various tinctures and medicinal preparations.

It is not my intention to speak of alcohol *per se*, but as used by the physician in the treatment of disease, and by individuals socially. Alcohol in its various forms until within a few years has been used by many in the profession as a cure-all.

Is alcohol a medicine? Here the question arises, What is a medicine? "A medicine is any substance, liquid or solid, that has the property of curing or mitigating disease in animals, or that is used for that purpose." The highest medical authorities are divided upon this question; some contend for its use, while others deny that it has any beneficial influence in disease.

Several years ago, in one or two cases I thought it had some good effect; but since, I have watched its action more closely, and without prejudice I have come to the conclusion that it is of little or no use as a medicinal agent. It has been said by some writers that where alcohol has been used in asthenic diseases there is no danger of the patient becoming fond of it. I cannot endorse this statement. A patient of mine with consumption, who was taking brandy, whisky, etc., by my advice, and also at the recommendation of other physicians, became so infatuated with it that she could not do without it, and was almost constantly intoxicated. This patient was over thirty years of age when it was first ordered, and had had no previous taste for it. A member of this Society informed me that a number of years ago he directed gin to be given to one of his patients for Bright's disease of the kidney: that patient is now a confirmed drunkard. She had no taste for liquors previously.

Most writers on low febrile disease assert and believe that alcoholic liquors are necessary,—yea, indispensable. Indeed, one would suppose, in reading the different writers in favor of the alcohol-treatment, that there is no disease which it does not benefit; that it is the *ne plus ultra*, the food and the medicine—the something which, if it does not cure, nothing else will do any good. On the other hand, we quote Dr. Henderson, of Shanghai, and Dr. Bishop, of Naples, in their reports of fever-treatment without stimulants, which reduced the mortality from twenty-eight to seven per cent. Dr. T. K. Chambers, physician to the Prince of Wales, who under the alcoholic treatment lost one patient in five, and under the non-alcoholic treatment had only three deaths in one hundred and twenty cases, said to his students, in his clinical lectures, "Above all

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I would warn you against employing wine as a substitute for the true restorative treatment" (p. 61). The adherents of this remedy say that when solids cannot be taken into the stomach, it will take their place, acting as a tonic and supplying the necessary animal heat. Dr. Archibald Billing says,—

"Tonics give strength; stimulants call it forth. Stimulants excite action, but action is not strength: on the contrary, over-action increases exhaustion. One thing necessary to the recovery of the nervous system in fever is arterial blood. To produce this of good quality, digestion and free respiration are requisite. The digestion having been disturbed, it is useless to supply other than fluid nutriment—milk being the best—until some renewal of nervous energy takes place. This restoration will not be expedited by stimulants." (Principles of Medicine, fourth edition, London, 1841.)

Professor W. S. Gardiner, of the University of Glasgow, in some statistics published in 1864, says, in regard to the treatment of typhus fever in the hospitals in that city,—

"In many hundred cases (nearly 600) of all ages, the mortality lessened exactly as the dose of alcohol diminished; milk and buttermilk being given in its place. Wine, reduced from an average of thirty-four ounces to two and a half, was followed by a reduction of deaths from seventeen to eleven per cent. Of two hundred and nine children under fifteen years of age treated without any alcohol, not one died, though the very same class of cases treated with alcohol in the infirmary had a mortality of six per cent."

Professor Lehman, in his *Physiological Chemistry*, remarks that—

"When once the fact is admitted that the first thing in many diseases is to furnish a copious supply of oxygen to the blood, which has been loaded with imperfectly-decomposed substances, and to remove as quickly as possible the carbonic acid which has accumulated in it, these observations will have afforded us true remedial agencies which exceed almost every other in the certainty of their action. We should forbid the use of spirituous drinks, and not even prescribe tinctures which hinder the necessary excretion of carbonic acid." (Vol. iii., Respiration.)

Dr. Anstie, a stickler for the use of alcohol, remarks that—

"Alcohol cannot be scientifically administered until the urine of the patient has been analyzed and the sphygmograph has been applied for many hours; otherwise mischief, not benefit, will result; even the slight and trivial symptom of flushing in the face is a sign of the first degree of the poisonous action,—namely, a vaso-motor paralysis,—and shows that we at least have touched the border-line at which the beneficial action of alcohol ceases and its poisonous effects begin." (*Lancet*, January 25, 1868.)

Dr. Markham, F.R.S., says in the *British Medical Journal*, October 5, 1861,—

"It is scarcely possible to read fairly the works of the distinguished physiologists who have discussed this question, without feeling that they have been, spite of themselves as it were, driven, by their honest adhesion to the legitimate consequences flowing from their premises, to the conclusion that alcohol is unnecessary and injurious to the human system."

During the last six years I have almost entirely abandoned the use of alcoholic stimulants in my prac-

tice. I feel safe in saying that I have not prescribed a quart during that time. During this time I have had many cases of smallpox, typhoid, bilious, and other fevers, which were treated entirely without alcohol, and with very good results. I believe these cases recuperated much more rapidly than those in which formerly I had used it. Alcohol has a strong affinity for, and a peculiar effect upon, the brain; its first action being that of a spur, or more properly an irritant, it immediately afterwards produces a paralyzing effect upon the brain and nerve-centres. As constant dropping will wear away a stone, so will the constant use of alcohol, in disease or otherwise, benumb and pervert the whole nervous system. It does not cease here. The effects upon the circulation are equally powerful, and productive of the most direful consequences. The circulating fluid coursing through the body becomes impoverished, the blood-globules or disks are withered, the coloring-matter is extracted, the liquor sanguinis, which in health is of a bright pink hue, assumes a muddy appearance; all of which has been abundantly proved by Professors Carl Schultz, Munroe, Böcker, and Virchow. Dr. Gordon, of the London Hospital, stated before the Parliamentary Committee on drunkenness, "that seventy-five cases of disease out of every hundred could be traced to drinking; and whilst at Edinburgh most of the bodies of moderate drinkers he examined were found diseased in the liver."

Two hundred years B.C., it was written by a Jewish sect that intoxicating wine is *φάρμακον ἀφροσύνης*—"the physic of fools." I have taken the liberty to translate it, "the physic to make fools."

In view of the fact that alcohol is being used by many of the people too freely, and perhaps prescribed injudiciously by some of our profession, what are we as physicians doing to prevent its ravages? Are we standing in the breach, manfully assuming the responsibility which to a great extent must rest upon us? Or do we follow this mighty throng with a medicinal lash, called alcoholic stimulants, goading and hurrying them on over the frightful precipice, increasing largely the number of victims? While we may differ on the medicinal use of alcohol, we doubtless agree on its baneful social influence.

CURIOSITIES OF COUGH.

Reported to the Medical Library and Journal Association, December 12, 1873.

BY L. ELSBERG, M.D.,

Professor of Laryngoscopy and Diseases of the Throat in the University of New York.

(Concluded from page 293.)

VI—FREQUENTLY patients have come to me with another kind of cough, or hack, or hem, which almost invariably reveals its origin by its acoustic properties. I refer to an epiglottic hack. This no words can describe, but it is easily recognized by the practised ear. It is a very unsatisfactory cough to the patient, there being no, or but very little, expectoration. I will give an aggravated instance, and be brief in its recital.

A. A. B., æt. 57 years, naval officer, has for many years occasionally had a sore throat, being rather liable to catarrhal troubles. During the past year he has enjoyed remarkably good health and freedom from throat-disease, until he was seized five or six weeks ago with a cough which is perfectly tremendous in violence and sound. The intervals of rest never last over an hour at a time, and occur mainly in the middle of the day, while towards evening the paroxysms assume the height of severity. He says that for seventeen nights he has not slept: nevertheless, if it were not for his cough he would be perfectly well. He is naturally robust and very strong, and when he coughs he shakes the whole house he is in, and the cough can be heard, he thinks, half a block away. I found the whole upper edge of the epiglottis ulcerated.

An epiglottic cough may depend upon active hyperæmia, or varicose veins, or erosion or ulceration of greater or less duration and severity and of varying extent. The tickling of the throat and dry hack met with at the coming of cold or changeable weather very frequently depend upon some irritation at the upper edge of the epiglottis. Laughing, talking, swallowing, may aggravate it, though sometimes, by swallowing especially bland or thick syrupy liquids, or by dissolving astringent or sedative troches in the mouth, it is soothed. When the pathological condition has been recognized, the cure by mainly local treatment is usually easy, though sometimes tedious.

In all the preceding cases the character of the cough itself, particularly its sound, constituted the curious feature. But I could relate to you another series of coughs curious for other reasons. Of these I shall mention only one of the most curious, namely, the case of a lady whose husband had told me some years ago that his wife had a paroxysm of coughing whenever he had sexual intercourse with her. In the course of time these attacks became so severe that intercourse was almost given up. Living in the country, and enjoying otherwise excellent health, she had long refused to consult a physician, until I saw her last August. She presented the very picture of health, and could by no means be called "nervous,"—the common epithet to be applied to most women nowadays. Twenty-nine years old, she has been married eight years, and never has been *enceinte*. She has passed through measles, chicken-pox, croup, and whooping-cough before her twelfth year; has not had scarlet fever, or diphtheria, or any other sickness, since; her throat has never pained or troubled her otherwise than that at every menstrual period from the first, which occurred when she was twelve years old, a cough sets in a day or so before the catamenia appear, and usually lasts, with varying intensity, the whole period. She has always been regular, except, perhaps, two or three times in her life; then temporary amenorrhœa was due to imprudence in taking cold, and she remembers that the cough at these times was a great deal worse. I must not omit to state that her mother was afflicted in a similar way, though perhaps not so severely, and also an only sister, who died some years ago unmarried. After childhood until her marriage she does not remember ever to have had any cough except at the men-

strual period; since marriage, intercourse brings it on more violently than menstruation. I examined her throat, and could find nothing abnormal. She bore the presence of the laryngeal mirror in the fauces very well; the epiglottis presented no obstacle, and not only the whole of the larynx but also the trachea down to the bifurcation was brought into view. There was nowhere congestion or abnormal coloration.

I desired her to be examined by one of the gynecologists of this city, but she refused, and I consented to make a vaginal examination. No sooner had I introduced my finger, while she was standing upright, than the cough commenced, despite her strenuous efforts to repress it. There was no difficulty encountered in either super-sensitiveness or contraction; there was no spasm or abnormal secretion. I pressed upon the walls of the vagina, and touched and circumscribed the vaginal portion of the uterus, and the paroxysm of coughing became so violent that tears streamed from her eyes, her face flushed, she perspired freely, brought up some little phlegm, and became quite exhausted. I gave her some anodyne syrup that I had at hand, but it was fully half an hour before the paroxysm was over. She said that while I examined her, she felt a sensation of choking and irritation in the throat. On repeating the laryngoscopic examination, I found the vocal bands a little hyperæmic from the coughing,—nothing else. I then made her take about half an ounce of brandy, and chloroformed her, her husband assuring me that he had himself given her chloroform a number of times without any deleterious effect. Before she was quite under the influence, she again began to cough so that I thought she would have another paroxysm. When she was wholly insensible, I carefully examined the introitus and the whole vagina. There was no difficulty in introducing a large-sized speculum or a sound into the uterus; the os uteri looked to me of normal size and perfectly healthy; there was no leucorrhœa, no ulcer, no disease of any kind to be found, and of course there was now no cough.

So far as I know, this is quite a unique case. In a former paper on the connection of throat with other diseases, I pointed out especially the remarkable and inexplicable sympathy between throat disease and vaginal, uterine, and ovarian disease, and I might multiply instances in which I have observed cough reflected from the female generative organs; but in this case I could not ascertain the existence of disease of any kind: there was certainly no vaginismus or hyperæsthesia, and no hysteria. Then the seemingly hereditary factor of the affection is curious. When I suggested to the patient that there must be some abnormal condition of the sexual organs, as she, a healthy woman with a healthy husband, ought not to be childless, she justly pointed to her mother, who was affected with a similar cough and had borne five children.

I may on some future occasion continue the narration of cases of curious coughs. For the present, my object will be accomplished if by the recital of these I can bring out some observed by others; for while it is probable that I, as a specialist, have seen

more curious cases of cough than any one general practitioner, others may have met with curiosities of cough in their practice, which it would be of great interest to have brought to the knowledge of the whole profession.

CORNEAL WART.*

BY C. A. ROBERTSON, M.D.,

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THIS case presents features of much interest, both to the profession and to the patient,—to the former for its instructiveness, and to the latter not merely for a fortunate escape from a dreadful and uncalled-for mutilation, but also for the restoration of sight to a blind eye.

The patient, named James Taylor, by occupation until recently a grocer, was about seventy years old. He had been afflicted for several years with a dermoid growth, or *wart*, which started on the outer and lower part of the right eyeball and early showed a tendency to intrude upon the transparent cornea. The patient called on me several times at an early period of his complaint, and I attempted to destroy the wart by cutting off its surface and then applying chromic acid. This treatment not proving successful, or for some other cause, he ceased his visits, and I lost sight of him entirely until he presented himself at the ophthalmic clinic at St. Peter's Hospital in October last.

My friend Dr. James L. Babcock, of this city, then advised that he should consult me, because he had learned that an opinion had been given at a certain medical institution that the growth on the eyeball was of a dangerous character, and that "the tumor" would grow until it became as large as his fist! The only thing to be done, said the sapient "oculist," was to "remove the eyeball." This being cut out of his head, of course "the tumor" would at the same time disappear!

Upon examination, I recognized my old *verrucous* acquaintance, only somewhat enlarged. In its growth the wart had confined itself within the limits of the cornea, which it entirely covered, except a very narrow tract at the upper inner margin. As it so completely covered the front of the eye, all sense of vision was, of course, obliterated.

In appearance the wart presented a roundish form and a whitish-gray color. To the touch it was soft and unctuous. In structure it was composed of papillæ, which were separable almost to the base; and near the lower edge these papillæ stood up in coarse filaments, or little crowded columns, almost a quarter of an inch high. From this they were graduated down until they were nearly on a level with the cornea at the region of most recent invasion.

In order effectually to rid my patient of this somewhat formidable wart, the eyelids were first held apart with the ordinary silver-wire speculum, and then, with delicate scissors curved on the flat, all the coarser portions which it was practicable to

* From a paper presented to the Medical Society of the State of New York.

cut were removed, leaving on the eye only the base of the structure as a raw surface. Then, taking a bent lance-shaped knife (*iridectome*), I carefully insinuated its edges under the upper sessile border of the excrescence, and, by gentle manipulation, teased away the adventitious growth from its connection with the surface of the cornea. When the operation was terminated, the color of the iris and the black pupil were visible, and the patient remarked that he could see objects in the room.

Very little reaction followed. The cornea steadily improved in clearness as the natural superficial or epithelial layer was reproduced, and within a very few weeks the sight became as good as in the other eye, in which the sight was perfect.

The last time I saw the patient was four months after the operation. There was no vestige of the old trouble to be seen, and the cure appeared to be perfect.

OPERATION ON FISTULA IN ANO WITH THE ELASTIC LIGATURE.

BY H. S. SCHELL, M.D.

THE elastic ligature which has lately been brought before the notice of the profession in connection with the removal of tumors and other operations, seems to have special adaptation to the cure of fistula in ano.

Every one knows how troublesome to the surgeon is the hemorrhage which is apt to follow the ordinary operation by the knife, and how irksome to the patient is the confinement to bed and the artificially-induced constipation which it is usually considered necessary to enforce.

I endeavored to obviate these difficulties by the employment of the elastic ligature in the case of a man, Michael D., aged 36, on whom I operated on the 9th ult., at St. Mary's Hospital.

The fistula, which had existed for several years, was of small extent, opening in the skin about half an inch from the verge of the anus, and within the bowel somewhat over an inch from its termination, embracing indeed but little more than the external sphincter ani.

The ligature was drawn through the fistula by means of an ordinary eyed probe, such as is found in every pocket-case of instruments, brought down outside the rectum, and tied pretty tightly.

An opium suppository was prescribed, to be used in case any pain followed the constriction of the parts. The suppository was not asked for, however, by the patient, who stated that he had no pain at all, and who went about the ward as long as he remained in it, assisting the nurse in the care of the other patients.

The ligature came away at stool on the fourth day, leaving a granulating wound, to which no further attention was paid, except as to cleanliness, and which healed in the usual manner.

So far as this case is concerned, therefore, the advantages to be derived from the employment of the elastic ligature in this operation appear to consist in—

1. The entire freedom from pain.
2. The avoidance of annoying hemorrhage.
3. There is no need of confinement to bed.
4. The bowels may be left to their ordinary regular habits.

The ligature used in this instance was of the kind employed by ladies for toilet purposes, and may be obtained at any trimming-store.

The best is composed of three strands of caoutchouc somewhat compressed within a plaited envelope of white silk into a round cord, and has the strength of an ordinary ligature.

In purchasing, the quality of the article may be judged by smartly stretching an inch or so several times; when, if unreliable, the gum will crack in various places and slightly project between the threads of the silk, giving the cord a rough, half-broken appearance. A good article has a soft, elastic feel, while the bad is hard and stiff.

It is better not to keep much on hand at a time, as the gum finally becomes hard and brittle.

NOTES OF HOSPITAL PRACTICE.

BELLEVUE HOSPITAL, NEW YORK.

Reported by F. W. CHAPIN, M.D.

TWO CASES OF ICTERUS.

CASE I.—Mary Q., æt. 70, domestic. Admitted November 27, 1873. Patient thinks her mother died of phthisis; her father "died of a sore leg," the sore beginning at the toe and extending over the foot and leg to the knee. Patient herself always enjoyed good health till ten years ago, when she strained herself while helping to carry a heavy stove up-stairs. The woman who was assisting her let the whole weight of the stove come upon her, so that she was obliged to put forth all her strength to save herself from falling. She says she felt stupid for two days after this, sleeping most of the time. Then her right arm and shoulder began to swell up, and became very painful. She was unable to raise the arm, and it was a year before she regained the use of it. Since then she has always had a pain in the right side, like a "stitch," whenever she has made any bodily exertion. Since the injury, she has been troubled with swelling of the limbs and the abdomen; and at one time, three or four years ago, her water was scanty in quantity. She has always been feeble since the injury, and unable to do much work.

One week before admission she began to have a feeling of heaviness in the head, and was sick at the stomach. In the evening of the day on which these symptoms occurred she was taken with severe pains across the loins and in the back, and her abdomen began to swell. These symptoms went away after the lapse of three days, leaving her very feverish.

From that time till admission—a space of four days—she had chills every night, followed by an increase of the fever.

On admission, patient is a well-nourished woman, quite markedly jaundiced. She does not know when the jaundice came on, as she has been living in dark apartments. She complains of slight pain in the right side. Urine is high-colored. Chemical and microscopical examination negative. Fæces are of dark-yellow color.

Liver extends to free borders of ribs, and two and a half inches to left of median line. No tenderness in this region.

Spleen normal in size.

Heart and lungs normal.

November 28.—Jaundice increased. Slight flush of cheeks.

November 29, A.M.—Temp. 100°; P.M., temp. 99°.

November 30.—Patient was very thirsty and slightly delirious during the night.

December 1, A.M.—Temp. 99½°.

Physical examination of chest negative.

December 3, A.M.—Pulse 84; resp. 20; temp. 99½°.

Patient passed a very restless night; had chills and fever, alternating during the entire night. Had no pain, no headache; no nausea; eyesight as good as ever.

P.M.—Pulse 98; resp. 24; temp. 102¼°.

December 4, A.M.—Pulse 80; resp. 24; temp. 100½°.

" " P.M. " 88 " 36 " 102¼°.

" 5, A.M. " 88 " 24 " 100½°.

Patient's faeces are slate-colored.

December 13, A.M.—Pulse 68; resp. 32; temp. 100°.

" " P.M. " 88 " 36 " 102°.

Cough troublesome, especially at night. *Physical examination* reveals evidences of bronchitis.

December 16, A.M.—Pulse 68; resp. 24; temp. 99½°.

" " P.M. " 80 " 22 " 102°.

Some desquamation of the cuticle on the hands, and the jaundice seems to have faded slightly.

December 17, A.M.—Pulse 72; resp. 28; temp. 99°.

Jaundice appears more marked.

P.M.—Pulse 84; resp. 30; temp. 100½°.

December 18, A.M.—Pulse 68; resp. 24; temp. 99½°.

Small amount of bile in the faeces.

December 20, A.M.—Pulse 72; resp. 22; temp. 100½°.

" " P.M. " 84 " 30 " 100½°.

Patient feels weak; cough very troublesome.

December 22, A.M.—Pulse 66; resp. 27; temp. 99°.

" " P.M. " 78 " 24 " 100½°.

" 23, A.M. " 76 " 22 " 99½°.

Patient's faeces this morning are of normal color, evidently bile-stained.

December 24, A.M.—Pulse 76; resp. 24; temp. 99½°.

December 26.—Faeces continue to be of normal color.

They have been examined daily since they first became clay-colored, with a view to the discovery of biliary calculi; not one has yet been found. Patient still suffers from bronchitis; jaundice less marked.

December 27, A.M.—Pulse 72; resp. 22; temp. 99½°.

Jaundice markedly less. Patient vomited some greenish matter last night. A small calculus of cholesterolin was this morning found in the faeces; it had several facets, and was about one-eighth of an inch in diameter.

P.M.—Pulse 84; resp. 24; temp. 100½°.

December 29, A.M.—Pulse 72; resp. 22; temp. 100°.

Patient quite comfortable; complains only of cough; expectoration quite abundant; jaundice fast disappearing.

P.M.—Pulse 76; resp. 26; temp. 101°.

December 30, A.M.—Pulse 72; resp. 20; temp. 99°.

Three small calculi of cholesterolin were found in the faeces, faceted like the first.

January 4, A.M.—Pulse 86; resp. 22; temp. 100°.

Patient suffers from nausea; jaundice slightly increased.

January 5, A.M.—Pulse 76; resp. 24; temp. 100°.

Patient comfortable; no nausea; considerable cough.

P.M.—Pulse 80; resp. 20; temp. 101°.

January 6, A.M.—Pulse 80; resp. 24; temp. 99½°.

" " P.M. " 80 " 20 " 101°.

" 7 A.M. " 86 " 24 " 101°.

Patient coughs much; spits a greenish-brown, frothy matter; jaundice slight.

Physical examination of lungs shows dulness and feeble respiration over lower half of right lung, posteriorly.

P.M.—Pulse 96; resp. 28; temp. 102°.

January 8, A.M.—Pulse 88; resp. 24; temp. 100½°.

" " P.M. " 88 " 24 " 101½°.

" 9, A.M. " 100 " 20 " 100½°.

Patient expectorates a dark, yellowish-brown matter; crepitant râles; bronchial breathing and bronchophony over upper third of right lower lobe, posteriorly.

January 12.—Patient died.

Autopsy, thirty-eight hours after death.

Brain normal.

Lungs.—Gray hepatization of lower lobe of right lung; red hepatization of portion of upper lobe of left lung.

Heart normal.

Abdomen.—The peritoneal sac contained a large amount of flocculent serum.

Liver.—Left lobe of usual size, but tilted upwards by tympanitic condition of transverse colon. Right lobe a little smaller than the average.

Tissue.—Section shows bile-ducts in many places dilated to size of portal vein in same canal, and containing a thick mixture of bile and muco-pus. The centre of the lobules bile-stained.

Gall-bladder.—Small walls thickened and adherent to the duodenum and the transverse colon; contains two calculi of the size of marbles, faceted, and twenty-eight small ones, of the size of little peas, and also having facets. Color of these is white, except a little yellow in the centre; composition, cholesterolin, with a little bile-pigment.

The cystic duct was dilated so as to admit the little finger. The common duct and the hepatic duct were capable of holding the index-finger.

The common and cystic ducts contained twenty-two calculi, similar in appearance and structure to those in the gall-bladder. Two of these were large, slightly exceeding in size the two large ones which were found in the gall-bladder.

There was abundant evidence of catarrhal inflammation of the gall-bladder and ducts.

Spleen slightly enlarged. Capsule thickened in one portion.

Kidneys large, of deep-yellowish color, mottled with whitish spots.

Stomach and intestines appeared normal. The opening of the common duct in the duodenum was a trifle larger than usual; and just back of it was a small calculus.

The inflammatory condition of the gall-bladder and ducts above alluded to was considered sufficient to account for the high and irregular temperature, which, together with the apparent decrease in the size of the liver, seemed, early in the patient's illness, to point to acute yellow atrophy as the correct diagnosis.

Case II.—Emily B., æt. 31, intemperate, admitted December 29, 1873. Patient deeply jaundiced on admission; has been drinking hard for a week; has been in the hospital before for a similar illness after drinking; mind is clear; great thirst; liver somewhat enlarged.

P.M.—Pulse 116; resp. 34; temp. 102¼°.

December 30.—Patient about the same.

A.M.—Pulse 112; resp. 32; temp. 102°.

P.M. " 136 " 28 " 101°.

December 31, A.M.—Pulse 112; resp. 28; temp. 101°.

Patient slightly delirious; great thirst; mouth dry; tongue coated brown on upper surface; under surface and edges red; excessive jaundice.

December 31, P.M.—Pulse 120; resp. 32; temp. 101½°.

January 1, A.M.—Pulse 120; resp. 40; temp. 101°.

" " P.M. " 126 " 42 " 101°.

Urine contains bile and abundance of albumen; reaction acid; patient has been stupid all day.

January 2, A.M.—Pulse 144; resp. 36; temp. 100°.

Patient unconscious; cannot be aroused to answer questions; lies with her mouth half open.

P.M.—Pulse 136; resp. 24; temp. 101½°.

Liver of same size as on admission.

January 3, A.M.—Pulse 144; resp. 56; temp. 103°.

" " P.M. " 144 " 56 " 103½°.

Patient still unconscious; cannot be roused. Dr. Clark thinks she is suffering from meningitis, and that the jaundice is "an accident."

January 3, 11 P.M.—Dead.

Autopsy.—*Exterior.*—Deep jaundice; rigor mortis well marked.

Brain.—On the inner surface of the dura mater a recent exudation, fibrinous, and also an older, though comparatively recent, vascular membrane in which vessels are apparent; also, a few small recent hemorrhages.

Brain and its vessels appeared normal, save the yellow tinge to the serum as it oozed from the cut vessels.

Heart normal.

Lungs.—Small hemorrhages in the lower lobe of the right.

Liver.—One-half larger than normal; surface granular.

Section.—Marked increase of connective tissue around small spaces of lobules; tissue of lobules yellow from fat and bile; bile-ducts contained mucus and bile; gall-bladder large, contained a thin bile, and sand-like pigment concretions.

Spleen.—One-half larger than normal.

Stomach.—Catarrh.

Duodenum.—The opening of the bile-duct plugged up by a small mass of mucus; the duodenal extremity of this plug was colorless, while the end nearer the gall-bladder was bile-stained.

On removing this plug the bile flowed readily. The intestinal contents were bile-stained.

Kidneys bile-stained.

Dr. Janeway, who made the autopsy, considered death due to cholæmia, and that the brain-lesion had very little, if anything, to do with the symptoms.

EPISCOPAL HOSPITAL.

SERVICE OF DR. WHARTON SINKLER.

Reported by Dr. JAMES C. REA, Resident Physician.

CASE OF TYPHOID FEVER IN A CHILD, COMPLICATED BY INTESTINAL HEMORRHAGE.

MARY T., æt. 8 years, was brought to the hospital September 17, 1873, by her mother, who left her without giving any account of her sickness. The following history was obtained two days later. For ten days previous to her admission the patient had been sick. It was noticed that she had lost her appetite, and that she was listless, and disinclined to play or move about. At the same time she began to complain of pain in her back and limbs, which was followed by diarrhœa and abdominal pain. For four or five days before coming into the hospital she had had from three to six small, slimy stools a day. At night her skin was hot, and for several nights she was flighty and wandering in her mind, without having had at any time active delirium. She had a dread of being left alone, and in the night would occasionally jump out of bed in a fright. She lost flesh and strength rapidly. On admission, the child was much emaciated, and was so weak as not to attempt to move in bed. She utterly refused to answer a question, and lay with an expressionless and rather dejected countenance, and dull eyes. Her skin was dry and shrivelled, and of a dirty-brownish color. Tongue lightly coated, but moist. There seemed to be very slight tenderness diffused generally over the abdomen. She had no appetite, and there was diarrhœa, the stools being watery, and

of a brown color. There was but little fever. Was given spt. æth. nit., and liq. amm. acetat., aa f3ss every four hours; whisky, f3i in milk every four hours, and beef-tea. At 10 P.M. she was sleeping quietly.

At 2 A.M. on the 18th the patient was found to have had a passage from the bowels of about eight ounces of almost pure blood, partly clotted and part still liquid. Acid. tannic. gr. iii, in glycerin f3i, every fifteen minutes, was prescribed. In about a quarter of an hour after the first hemorrhage she had a second, and in this she was seen to pass the blood clotted with some fecal matter intermixed. The amount of blood lost in all was almost a pint.

There was no abdominal tenderness or tympanitis, but the patient's face and extremities became icy cold, and her prostration was excessive. After two doses of tannic acid had been administered, gallic acid was given in doses of grs. v every fifteen minutes, until grs. xx had been taken, when it was given every three hours. At the same time a heater was applied to the feet, and whisky f3i in hot milk was administered every three hours, and hot beef-tea at the same intervals. In an hour she reacted, the extremities became warm, and she fell asleep.

The next day she seemed comfortable, and there was no pain on pressure over the abdomen. In the absence of any previous history of the case, and there being no fever or intestinal pain, it was extremely puzzling to know what had been the origin of the hemorrhage. Dr. Sinkler, thinking it might possibly have arisen from a polypus or an ulcer of the rectum, passed his finger into the bowel and carefully explored it; but the examination gave rise to no pain, and no polypus, fissure, or ulcer could be detected. The question of intussusception of the bowel was also considered; but the absence of pain made this condition unlikely, and no tumor could be detected on palpating the abdomen.

The fever-mixture was discontinued, and quiniæ sulph., gr. ss, with tr. ferri chlor., gtt. iv, in honey f3i, was ordered to be given three times daily. Beef-tea, milk, and whisky to be continued.

September 19.—The patient had yesterday evening a stool with no traces of blood in it. She was quiet, free from fever and pain, and took whatever was given to her, but still would not speak.

The condition of the child varied but little after this time from day to day. Her temperature was taken, and found to be normal. On the 26th, in the morning the temperature was 98°, pulse 96; evening, temperature 98°; pulse 92.

September 27.—Morning, temperature 98½°, pulse 98; evening, temperature 98½°, pulse 96.

September 28.—Morning, temperature 98½°, pulse 100; evening, temperature 98½°, pulse 100.

September 29.—Morning, temperature 98½°, pulse 100; evening, temperature 98½°, pulse 104. The diarrhœa still continued; three or four small, yellowish stools daily. The iron and quinine were stopped, and acid. hydrochloric. dil., gtt. iv, every four hours, ordered.

October 1.—Dr. Norris took charge of the ward.

No change in the case was observed until October 5, when there was a sudden rise in the temperature. In the morning the temperature was 99°, pulse 116; evening, temperature 103°, pulse 108. There was nothing to account for this sudden and great accession of fever.

October 6.—Morning, temperature 102½°, pulse 142; evening, temperature 103°, pulse 108. She was much prostrated, and was therefore given whisky f3i every two hours, and quinine gr. i every six hours.

October 7.—Morning, temperature 102°, pulse 120; evening, temperature 103°, pulse 120.

October 8.—Morning, temperature 100°, pulse 112; evening, temperature 102°, pulse 120.

The temperature steadily fell from this time, and on

the 12th in the morning it was as low as 97°. In the evening it was 98½°. As the diarrhoea continued, bismuth. subnit. gr. x and morph. sulph. gr. ʒi, three times a day, were prescribed; and instead of the quinine, as ordered on the 6th, tinct. ferri chlor. gtt. iv, and quin. sulph. gr. ʒi, were given three times a day.

October 20.—Diarrhoea better. Two stools a day, of better consistency and more natural color.

November 4.—The patient was out of bed; had a desire for food, and was gaining strength rapidly. The diarrhoea had ceased, and she had a clear, healthy color of skin.

Discharged well November 25.

REMARKS.—The point of interest in this case was the hemorrhage which took place on about the eleventh day from the beginning of the sickness, and its being unaccompanied by any signs of pain or inflammatory action at the time of its occurrence, only a few hours after the patient's admission. The nature of the malady had not then manifested itself, but the subsequent course of the case made it clear that it was one of typhoid fever. The diarrhoea, hebetude, low delirium at times, and the long, tedious illness, together with the variations in the temperature, as shown in carefully-prepared charts, which are, unfortunately, too long to be inserted here, all point to that disease.

It is true that no rose-colored spots were seen, and that there was no meteorism; but these phenomena are not invariable accompaniments of this disease. In seven out of thirty cases observed by Hillier* there was no eruption.

Intestinal hemorrhage is not a common accident in the typhoid fever of children. Vogel† says that it and intestinal perforation are "exceedingly rare." Churchill‡ makes the same assertion, adding that M. Barrier mentions but one instance in two hundred cases. Aitken§ also states that this accident is very unusual in children. On the other hand, Hillier|| asserts that he met with it in four out of thirty cases, and Ellis¶ gives twenty-five per cent. as the proportion of cases in which hemorrhage occurs.

Another point worthy of remark is that the hemorrhage should have happened at a time when the child seemed but slightly ill, and that no severe symptoms should have set in until several days after its occurrence. Dr. Hillier remarks that although intestinal hemorrhage is generally a grave symptom, he has seen it occur in "comparatively mild cases that went on well."

TRANSLATIONS.

ABSTRACT OF A CLINICAL LECTURE ON THE EVOLUTION OF SYPHILIS.

From the French of Dr. AL. FOURNIER.**

GENTLEMEN,—As a result of actual experiment as well as a consequence of sound clinical observation, it is established to-day, and that quite definitely, that syphilis, with man at least, obeys in its evolution and general development certain fixed rules, to which, without claiming too much, we may give the name of laws.

These laws, if you will permit me to call them such,

I shall endeavor to formulate for you in the present lecture, and to justify them in your eyes by a systematic discussion.

They are as follows:

1. Syphilis is never generated spontaneously. It is always the result of a *contagion*, of an inoculation, of the material penetration into the organism of a special virulent substance.

2. The first appreciable phenomenon which results from this contagion only manifests itself after a greater or less lapse of time, constituting a true incubation.

3. The first appreciable phenomenon which results from the contagion or the artificial introduction of virulent matter into the organism manifests itself always in the *exact spot* where this matter has penetrated; in this spot and not elsewhere.

4. The primary lesion, the resultant *in situ* of the contagion, always remains isolated and solitary for a certain time, during which it constitutes or appears to constitute the only expression by which the disease is manifested.

5. It is only later that this apparently local lesion is succeeded by the manifestation of other symptoms of a multiple and varied kind, which differ essentially from the local affection in that *they are no longer localized, like it, at the point where contagion took place*, but are disseminated in all directions, spread through the entire system and susceptible of affecting all the tissues, all the organs.

Expressed thus in a dogmatic and abstract manner, these laws may seem to you obscure on certain points. A few comments will make them more clear.

Now, as to the first law. It is certain, gentlemen, that at some period in the past there must have been a syphilitic individual who did not contract the disease from some one else. How this has happened we have no idea; but one thing is no less positive, which is, that to-day such a thing does not take place, and the following proposition may be regarded as an axiom: *Whenever syphilis is acquired, it is because it has been taken from some one.*

Syphilis, in fact, in our day is not the result of individual morbid causes; it is not primarily elaborated in the economy; it is not the result of latent predisposition, of functional excess, of wearing-out organs, of deteriorating systems, of constitutional taints elaborating themselves slowly and secretly in the organism. It does not attack the patient like a pulmonary tuberculosis or a cerebral hemorrhage. No: it is always and in all cases the result of an accidental event, of an external cause, the effect of contagion.

This is beyond doubt: daily experience confirms the point, and it would be superfluous to insist upon it. But it is this, simply, gentlemen, which explains our first law.

Our second is equally simple in its meaning. Putting it into other words, we may say that a person exposed to contagion does not immediately feel the effect, but only after a more or less considerable period of time.

Take, for example, an individual exposed to contagion on the first of January, and who becomes on that day infected. Does he present immediately the first symptoms of the disease? Not at all. Will he present such symptoms on the second, the third, the fifth of January? Examine the genital organs at this time, and you will find them perfectly healthy. Will it be on the seventh or eighth? No more so. It is only much later—the fifteenth, twentieth, thirtieth of January, or possibly even subsequently—that you will perceive a morbid something, which in a few days becomes an evident lesion, the first sensible indication of the disease,—the "*primary lesion*" or "*chancre*."

Now, here we have a certain space of time separating the moment of contagion from that at which the

* Diseases of Children, Philadelphia, 1868, p. 338.

† Diseases of Children, New York, 1871, p. 184.

‡ Diseases of Children, Dublin, 1870, p. 848.

§ Practice of Medicine, vol. i. p. 355.

|| Loc. cit.

¶ Diseases of Children, Philadelphia, 1873, p. 88.

** Leçons sur la Syphilis, Paris, 1873.

first symptom of disease shows itself; it is this lapse of time to which the name "*incubation*" is given.

That this incubation is real and constant I can prove to you both by the results of experiment and by those of clinical observation.

Consult the facts of experimental syphilis; they will afford you the exact truth on this subject,—the result of the most strict and rigorous observation. For, by this means, the hour, even the instant, at which the virulent matter was introduced into the organism has been plainly determined, as well as the hour—the very instant, almost—when the earliest morbid phenomena first made their appearance.

Well, what do they teach us? This: that always and in all cases a more or less considerable space of time elapses between the moment of inoculation and that at which the primary lesion first shows itself.

But what is this lapse of time exactly? Observe the figures. In a single case 10 days, and in the others 15, 17, 18, 20, 21, 23, 25, 25, 27, 28, 28, 28, 29, 34, 35, 39, 42 days, which gives a mean of about 25 days.

Never, never, I insist designedly, does the primary lesion appear immediately, or the next day, or the day after, or the third or fourth from the inoculation, or even during the first week.

Now and then, indeed, some local phenomena are produced as the result of the abrasion of the skin or the introduction under it of a virulent foreign liquid; but these traumatic accidents are rapidly effaced, and it is only later that the earliest syphilitic lesion makes its appearance, after a more or less prolonged period of quiet elaboration. All observations, I repeat once more, agree on this point.

What have we here, then, gentlemen, but a mathematically-demonstrated truth?

This demonstration having been made by the irrefutable data of experiment, let us now consult those of clinical contagion.

A certain time always elapses subsequent to this contagion during which *nothing is produced*; during which the future subject of syphilis may imagine himself unharmed. This period, you will particularly notice, has the same duration as in experimental syphilis. Like the latter, it may vary in individuals, but the *mean* is the same. That is to say, this period, sometimes so short as ten or twelve days, may attain in other cases a duration of twenty, thirty, even forty days. Here, as in all virulent affections, there are unknown conditions which increase or diminish the length of incubation.

But the mean *habitual* duration is, as in the case of artificial incubation, from three to four weeks.

It is not, then, until three or four weeks after exposure to contagion that the patient observes the appearance of the primary lesion—the chancre—on his person.

Observe, then, an undoubted and very interesting fact, from which a precept may be derived that I must not fail to make you acquainted with. Frequently you will be consulted by patients who, having doubts of an adventurous coition, come to be examined by you and to obtain a clean bill of health. This is, for example, the constant history of persons from the country, who, having committed some peccadilloes in the city, hasten to a physician on the eve of their departure to know if they have anything to fear, and if they can return with all confidence to the conjugal couch.

Consulted under such circumstances, I shall suppose you to examine your patient, and to find nothing upon him. He is, at least to all appearance, perfectly sound. This fact established, what are you to say to him? Will you reassure him absolutely—give him a clean diploma? To do so, gentlemen, would be a grave fault, a culpable dereliction, which might have the most deplorable results. For, strong in your assurance, the

said consultant returns home, believing himself safe from all danger; and if, some weeks later, a slight lesion—as chancre always appears slight at first—manifests itself on his person, he takes it for an insignificant erosion, a herpes,—in fact, as something of no moment, and non-contagious, and, in consequence, exposes himself to communicate it. In this manner, doubt not, is the syphilitic contagion often transmitted in marriage. I have seen many such cases; it is the same story,—the evil done, the contagion transmitted, and lamentations on the part of the husband. "How could I have anticipated such a thing? I had not seen a woman for three, four, or six weeks. I had taken pains to have myself examined by a physician before my departure from the city, who told me *that I had nothing*,—that I was perfectly sound. It is this physician who is to blame, and not I; if he had warned me I should not have given the pox to my wife."

Do not founder upon this reef, gentlemen. Consulted in a similar case,—and you will be often,—know how to reply as you should reply, and as your knowledge of the incubation of the disease will alone permit you to reply, and say to your patient, "Yes, at present you have nothing. But syphilitic lesions show themselves *tardily*,—many weeks after contagion. Accordingly, do not believe yourself perfectly safe; observe, and if the least phenomenon, *however slight it may be*, should manifest itself, abstain, for there will be danger of contagion."

This reply will, perhaps, not be to the taste of your patient, but it will be dictated by prudence, it will be justified by a sound knowledge of the disease. And, guarding your responsibility thus, you will prevent more than once, you may be sure, the most regrettable accidents.

One word more to complete the history of the syphilitic incubation. Its duration may certainly extend beyond the average already indicated as most common. It is *often* as long as thirty days, and sometimes goes even to forty. I think I have even observed a case where it has reached two months and a half!

Putting aside extraordinary cases, we may say that now and then the incubation attains a limit varying from thirty to forty days, which is very great compared to the duration generally ascribed to it, and in flagrant contradiction to the views held some years ago by the highest authorities.

Our third law is very important, clinically. It expresses, in other words, what M. Ricord used to say, wittily: "In catching the pox, one is punished first just where one has sinned." If the penis alone is exposed, it is the penis alone that is attacked; if one is exposed by the mouth or the anus, it is at the mouth or the anus that the initial lesion is manifested.

Nurses, for example, are exposed through the breast: it is there that they frequently become affected. It is the same in other cases which it would be superfluous to cite; it is a fact of daily observation.

Experimental inoculations give the same result. Wherever the inoculation has been practised, there the first morbid phenomena are produced; always there, there only, and nowhere else.

Observe, then, gentlemen, one more truth, which I give you as demonstrated beyond all dispute.

In our fourth law we have again clinical and experimental facts concurring mutually in the establishment of a truth.

Let us take a patient who has contracted syphilis quite recently,—say a fortnight ago. What will he present? A lesion, a chancre, at the point where contagion took place. And what else? Nothing, absolutely nothing else. He has a chancre, and that is all. Examine him from head to foot; auscult him, percuss him, interrogate all his functions, and you will find

nothing else of a pathological nature about him. The chancre appears to constitute in itself alone the whole disease,* and were it not for our experience we might imagine that this patient would escape ulterior manifestations. Experimental observations give a like result.

Here, then, is an absolute rule. The local lesion of either contagion or inoculation remains during a certain period the only phenomenon by which the disease expresses itself. This period is usually from several weeks to forty-five days. But, this period passed, the aspect of things changes, and the disease tends to become generalized, as has been stated in our fifth law. After a delay of some weeks, then, we perceive certain manifestations, varied in form and seat, joined to the local lesion of contagion. Such are erosions or ulcerations of the buccal, vulvar, or anal mucous membranes, pains in the joints, limbs, etc., various lesions of the tendons, the muscles, or the periosteum, falling of the hair, and a hundred other phenomena, which I shall describe to you at another time. These new lesions, however they may differ in other respects, have all one character in common. They all differ from the primary lesion in this, that *they are not, like it, localized at the point where the contagion took place*. Far from it. The whole body seems to be their domain, and their multiplicity is only equalled by their infinite variety of forms and expressions. Affecting, or having power to affect, all the tissues and every organ, they seem to testify by their freedom of expansion a sort of generalization of the disease throughout the entire economy,—a saturation of the whole system by an infectious principle, by a morbid influence everywhere present.

To sum up, it has the power of reproducing itself everywhere, while the initial lesion has only the faculty of reproducing itself at one point. Therefore, to distinguish these later lesions from the primary one, the name has long been given them of general lesions.

Such, gentlemen, are the laws to which, in man at least, the evolution of syphilis is subject from its origin.

These laws I present you as certain, as absolute, as definitive; for they rest on the one hand upon most rigid clinical observation, and on the other upon the incontestable and undisputed facts of experiment.

A. VAN HARLINGEN, M.D.

TRANSFUSION WITH THE BLOOD OF DIFFERENT ANIMALS.

IN a recent number of the *Berliner Centralblatt*, Dr. Landois gives an account of a number of experiments performed by himself with a view to ascertaining the effects produced by transfusion or admixture of heterogeneous kinds of blood.

The blood of various mammals was injected into the veins of the frog, when it was found that within a very few moments disintegration of the mammalian corpuscles began. The length of time which was required for entire disintegration varied greatly with different animals. Thus, the corpuscles of the rabbit became dissolved in from two to five minutes, while others resisted for a greater length of time, those of the pigeon not disappearing for eighty minutes.

Under the microscope the corpuscles were seen to change in the clear frog's serum, becoming crenated and displaying active molecular movements. In a short time they became quite globular, and seemed decreased in size. Afterwards they became paler and paler, and later still only the stromata remained, which also finally disappeared.

* I do not speak here of bubo, which is, so to speak, merely an appendix of chancre.

When mammalian and frog's blood were mixed in a test-glass, the stromata of the dissolved blood-corpuscles showed a tendency to collect in masses. A certain paralysis of the lower extremities noticed in some of the animals experimented upon by Dr. Landois may, he thinks, be due to emboli formed in this way.

That fibrin may be obtained from the dissolved blood-corpuscles was shown by mixing a small quantity of defibrinated rabbit's blood with a larger portion of frog's serum, when in a short time the mixture assumed a lake color from the dissolved corpuscles, while a precipitate of fibrin floated in it.

That the serum of mammals also acts upon the blood-corpuscles of the frog was shown by injecting the serum of the dog, as free as possible from corpuscles, into the veins of the frog. The urine of the frog shortly assumed a bloody color, which remained for several days; and even after the lapse of a week albumen could be detected in the same.

In regard to transfusion among the mammalia, Dr. Landois' conclusions are as follows:

1. The blood-corpuscles of various animals disintegrate and dissolve in the blood of other species.

Under these circumstances, the previous defibrination of the injected or mixed blood is a matter of indifference.

2. The more rapidly the transfused blood-corpuscles become disintegrated in the blood of the recipient, the more quickly do they become dissolved. Thus, the blood-corpuscles of the rabbit, which are easily disintegrated, become quickly dissolved in the blood of the dog. The rapidity of this solution may be tested by the serum of the transfused blood deprived of its corpuscles, or, if the transfused corpuscles are easily distinguished by their size from those of the recipient, the microscope offers an additional means of determining the time of solution.

3. The dissolved elements attain in part the secretions, particularly the urine. A certain quantity of the dissolved material assimilates itself to the body of the recipient. If small quantities of blood are transfused, and if the disintegration of this blood takes place slowly, bloody coloration of the secretions may be absent.

4. Transfusion with heterogeneous kinds of blood may have a favorable effect in the following way: (a) as it supplies nutritive material to the recipient; (b) as it supplies the acidity of the dissolving blood-corpuscles and fluidity to the blood of the recipient; (c) as it, under certain given circumstances, improves the mechanical proportion of the circulation.

As regards the assumption on the part of the transfused corpuscles of their own peculiar physiological functions, it is scarcely worth while to remark. It must be said, however, that experience in regard to the transfusion of the blood of *closely-allied* species is wanting.

5. The duration of the discharge of bloody urine in cases where this has been observed varies within certain limits. Hæmoglobin and albumen have been detected in the urine within one hour and three-quarters after transfusion, and have in some cases remained present for twelve hours or more. In this respect the quantity and also the kind of transfused blood, as well as the functional activity of the circulation in the recipient, have an influence.

6. When an animal is transfused with blood of another kind, its own blood-cells become in part disintegrated.

Such is the case when the blood-cells of the recipient are easily soluble in the current of the received blood. Herein consists the great danger accompanying transfusions by means of rabbit's blood, the corpuscles of which are so easily dissolved.

7. In animals (as the rabbit) whose blood-corpuscles

are easily soluble, transfusion of many kinds of serum (that of the dog, man, pig, sheep, or cat) produces more or less threatening symptoms, according to the quantity injected. Increase in the frequency of respiration, dyspnoea, convulsions, asphyxia, or even death, may result.

8. Animals whose blood-cells resist disintegration, as the dog, endure the injection of other kinds of serum, as that of the sheep, ox, or pig, without any of these symptoms.

9. In rapid transfusion with large quantities of blood, disintegration of the corpuscles either of the transfused blood or that of the recipient takes place very rapidly. Under these circumstances coagulation from the precipitated fibrin may follow, and death be the result.

Experiment also shows that in many instances, instead of entire solution of the corpuscles taking place upon admixture with a different kind of blood, they simply become heaped together in masses.

When this happens, the transmission of such masses into the capillaries of the lung may give rise to the most serious symptoms.

The dangers occurring from transfusion with different kinds of blood vary, as may be seen from what has been above stated, according to the kind of animal.

As has been stated, also, many more experiments are needed in this direction in order to arrive at more certain conclusions.

Dr. Landois hopes in a future paper to give the results of further experiments in this direction, more particularly with a view to the therapeutic uses of transfusion with heterogeneous kinds of blood.

WILLIAM ASHBRIDGE, M.D.

OVARIOTOMY.

DR. FRANZ HOFFMANN reports (*Berliner Klinische Wochenschrift*) two cases of ovariectomy recently performed by him in Wiesbaden. In the first case the patient was a widow, aged 52 years, who had been married sixteen years, had always menstruated regularly, but had never borne a child. The contents of the ovarian cyst had been more than once drawn off by puncture, but finally it was determined to perform ovariectomy. On the 27th of November the patient was placed under the influence of chloroform, and the operation performed. The cyst was emptied of its contents, and, as no adhesions were found, its removal was attended with no difficulty. A double silken ligature was passed through the pedicle and tied upon either side of it. After the pedicle was cut, two arteries of considerable size were seen in the stump; and, to be still more secure against hemorrhage, the actual cautery was applied to the cut surface. Examination showed the left ovary to be sound. The stump of the pedicle was then returned into the abdomen, the abdominal cavity cleansed with spongia, and four deep and nine more superficial silk sutures introduced to unite the wound. On the 17th of December, twenty-one days after the operation, the patient passed with the stool a large piece of gangrenous tissue, upon which, however, no ligature was found. After this, the diarrhoea, from which she had suffered for some time, ceased, and the patient improved rapidly and was able to leave her bed on the 21st of the same month. For a long time there was a painful induration in the region of the sigmoid flexure of the colon, which slowly disappeared; and now, eighteen months after the operation, the patient is in perfect health.

The patient in the second case was a married woman, aged 28 years. She had been married a year, was of good constitution, though somewhat reduced in flesh; and her menstrual functions had always been normally

performed. She first noticed the swelling of her abdomen at Easter, 1872, and in December of the same year tapping was performed, and about twenty-one litres of fluid drawn off. The operation of ovariectomy was performed on the 26th of February, 1873. The operation was performed as in the other case, but, as some adhesions of moderate strength were found, more time and skill were required in extracting the cyst from the abdomen. The scalpel had to be used to separate some of the adhesions; and when these contained vessels the catgut ligature was applied and cut off close to the knot. The pedicle was cut, and in this case secured with a ligature of iron wire drawn through Koeberle's *serre-nœud*. The pedicle was drawn to the lower angle of the wound and secured, and the wound closed. The menses appeared twenty-two days after the operation, and, as has been frequently noticed, a small hemorrhage took place from the granulating end of the pedicle. On the twenty-seventh day the patient left her bed, and was discharged cured on the thirty-ninth day after the operation. At present—three months have elapsed—she is in good health, and stronger than before the operation. Dr. Hoffmann feels much better satisfied with the treatment of the pedicle adopted in the latter case, and thinks that the probability of its becoming encapsulated when ligated and returned into the abdomen is not great, as would be supposed from the results obtained in experiments made on animals. The results obtained from the carbolyzed catgut ligature in the abdomen were very satisfactory.

WILLIAM ASHBRIDGE, M.D.

ELIMINATION OF PHOSPHORIC ACID.

E. MENDEL (*Archiv f. Psych. und Nervenkrankh.*, 1872) has observed—1. That the amount of phosphoric acid excreted during nine hours of night is less than that excreted during the remaining fifteen hours of the twenty-four, but that the hourly amount is usually greater during the night. 2. That in patients affected with lesions of the brain of long standing, as a rule, the amount of phosphoric acid excreted is, both absolutely and relatively to the remaining solids excreted, less than that found in the excretion of healthy persons upon the same diet. 3. That in cases of maniacal excitement the phosphoric acid in the secretions is diminished both relatively and absolutely, while it is increased after apoplectic and epileptic seizures. He also noticed that after sleep had been induced by the use of hydrate of chloral or potassii bromidum a marked increase in the amount of phosphoric acid excreted took place.

WILLIAM ASHBRIDGE, M.D.

BACTERIA IN THE BLOOD.—It is now pretty generally agreed that Bacteria are almost invariably present in the blood: therefore the following record is not so surprising as it might have been a few years ago. It seems that Dr. Eberth states (in *Centralblatt*, No. 20, 1873) that he has found in ordinary sweat, as well as in yellow sweat, small oval-shaped Bacteria, which are frequently united in strings of two or three, and endowed with rather active movements. In spots covered with hair they attach to it and often form thick layers; whilst others penetrate into the hair, which then splits and breaks. Coloring by means of hæmatoxylin brings out the isolated Bacteria, as well as those collected on the hair. The author thinks that they very likely contribute to produce certain chemical modifications of sweat.—*London Monthly Microscopical Journal*, January, 1874.

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EDITORIAL.

CHANG AND ENG.

IN *Lippincott's Magazine* for March is an account of a visit to the original home and to the parents of the Siamese Twins. The latter, it appears, were born some thirty miles southwest of Bangkok; their father being a Chinaman, their mother a native of Siam, bred by a Chinese father. The twins were, therefore, three-fourths Chinese, and were known in their native home as the "*Chinese* Twins." They were the first-born sons of their parents; but their mother has presented her husband with four other pairs of twins and four children born at single births,—all of them normal and healthy. Their mother, during their infancy, entirely recognized their separate individuality, and also the fact that there existed a common sensibility in the centre of the band. She stated, what is undoubtedly true, that at first the ligament was so short that the boys were compelled always to be face to face; even in the bed they could not turn without being lifted up and placed in the desired position. As they grew, the ligament seemed gradually to stretch, until they were able to stand side by side, and even back to back, and to turn themselves in bed by rolling one over the other. The father being a fisherman of the laboring class, the boys lived in one of the floating houses of the country, and soon became famous swimmers, spending much of their time in the river. It was the peculiarity of their movements in the water which first

attracted the attention of a Scotch merchant, Mr. Robert Hunter, and finally led to their leaving their native country in quest of fortune.

Altogether, the history of their life is a very strange one,—commencing in a Siamese sampan, ending in the backwoods of North America,—a life beginning in the utter obscurity of a fisherman's hut, passing out amidst such noise and notoriety as falls to the lot of only one mortal in ten millions.

OWING to the unavoidable haste in preparing the number of this journal which was devoted to a consideration of the Siamese Twins, there occurred the following errata:

Dr. Pancoast was incorrectly* reported as using the expression *Omphelopagus Xiphodidymus*, as applying to the monstrosity under consideration. The term which he employed was *Omphaloxiphodidymus*.

On p. 324, Dr. Allen should have been quoted as saying, "On the posterior side there was a fold underneath the skin extending from a *central point in the abdomen* of Chang," and not "from the ensiform cartilage."

WE have long suspected that the French "con-cours" system is in practice not so perfect as some of its supporters claim. It is very conceivable that a most distinguished originator of new ideas, and a most learned man, might not be so ready as a really less able but an intellectually more agile opponent, and might not under pressure shine so much as the lesser light. The fuel that blazes quickest and fiercest does not always contain the most heat-power. Speaking of the opening address of the newly-chosen professor of the history of medicine at Paris,—M. Lorain,—the correspondent of the London *Lancet* says,—

"The influence of physiology was forcibly shown, and in connection therewith the lecturer expressed his regret that the School of Medicine and the Paris hospitals had not secured a man like Claude Bernard, who, like many others, had found it impossible to submit to the 'corset' of public competition."

WE desire to call the attention of the Fellows of the College of Physicians to the fact that the Journal Association is very much in need of funds. In the absence of Dr. Bache, subscriptions may be paid at the college or to the authorized

agent, who will call upon the Fellows. The continuous success of the enterprise is a necessity for the growth of the college. There are, at present, thirty-six periodicals subscribed for by the association, of which twenty-seven are European. These are in addition to those taken by Dr. Lewis and by the college, so that the whole makes a very complete list. The objects of the association are briefly explained in their annual circular, as follows:

"Objects.—1. To obtain for the use of the Fellows medical journals *promptly*, as the numbers are issued.

"2. To increase the College library.

"The journals are placed on the table in the library as soon as received, and there remain, accessible to the Fellows, until a volume is completed, when it is turned over to the library and becomes the property of the College. In 1873 thirty volumes were thus given to the library."

OUR LEARNED COTEMPORARIES.

WE see from our homœopathic exchanges that Dr. Hering has discovered that the conjunctions and disjunctions of the moon and the sun are potent in their influences upon the actions of remedies, and Dr. Morgan has found that Jupiter is but little less powerful. Evidently a slice of the Middle Ages has been projected into our midst, and once more astrologers and physicians will be like the two single gentlemen of the poem,—rolled into one. Dr. Hering will be happy to furnish monthly tables to any who may desire astrological guidance.

PROF. A. L. CLINKSCALES asks in *The Archives of American Medicine and Surgery* (eclectic), "Where and what are we?" We don't wonder at an eclectic editor asking this: we think only inspiration could answer it.

"Home went the little woman, all in the dark;
Up got the little dog, and he began to bark;
He began to bark, so she began to cry,
'Lawd a mercy on me, this is none of I!'"

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

DR. W. B. ATKINSON, PRESIDENT, in the chair.

A CONVERSATIONAL meeting was held December 10, 1873, at 8 o'clock P.M.

The presentation of books, specimens, etc., being in order, Dr. BENJAMIN LEE presented to the library of the society a volume entitled "The Mechanical Treatment of Disease of the Hip-Joint," by Dr. Charles Fayette Taylor, Surgeon to the New York Orthopædic Dispen-

sary and Hospital, etc., etc. The work, Dr. Lee said, was, as its preface stated, strictly confined to the subject indicated by its title,—the mechanical problem involved in the distortions resulting from inflammation of the hip-joint, and the mechanical appliances necessary to relieve them. It did not pretend to enter into the broad field of pathology or of general treatment. It contained, of course, a careful description in detail of the author's apparatus or splint for producing extension without interfering with locomotion, which, like all hip-splints, was a modification of the original Davis's splint; its principal features being that its lower extremity rested on the ground, and was quite independent of the shoe. The chief merit of the book, however, Dr. Lee thought, was to be found in the fact that its author proposed to divide the process of overcoming the muscular contractions which form so serious a complication in the disease, into two distinct stages, founded upon the order in which these contractions take place. In so doing he was carrying out, perhaps unconsciously, the idea so happily suggested by William Adams, of London, in regard to the treatment of the contractions in talipes varus. This gentleman proposed to reduce the compound distortion to the simple form of equinus, by first overcoming the lateral distortion through the transverse tarsal articulation, and then dealing with the contracted gastrocnemius and the deformity of the ankle-joint proper.

Dr. Taylor's proposal in regard to the compound contractions existing at the upper part of the thigh, which he had already for some time put into successful practice, was to overcome, first, the contraction of the adductors, inasmuch as they are the last to become shortened; and, after we had entirely succeeded in accomplishing this object, to direct our attention to stretching the contracted flexors, but not until then. His mode of procedure was described by Dr. Lee as follows, the demonstration being illustrated by means of a portion of a splint which he had already had in use, and which differed from Dr. Taylor's in but slight modifications. Any one seeing for the first time a patient with disease of the hip-joint, lying on the back, with the limbs side by side upon the bed, both equally flat, would conclude upon a cursory examination that there could not be any contraction at the hip. If, however, he should pass his hand under the back, in the lumbar region he would at once perceive that the spine was arched up to a much greater extent than is natural, and that only by drawing up the affected limb to a considerable angle with its fellow could the spine be brought down to its proper position. Dr. Taylor, before applying his splint, places the limb upon an inclined plane adjusted carefully at exactly this angle, so that there shall be no spinal distortion. The sound limb being in the line of the axis of the body, the affected limb lying upon its inclined plane probably crosses it below the knee. The splint is then put on, and slight extension made. At the same time a powerful screw, acting upon the hip-band of the splint, throws its lower end out from the median line, thus acting against the contracted adductors, as the hip-band is held firm by a perineal strap upon the opposite side. To complete this process of relaxation occupies from a few hours to ten days; and until it is fully completed, the efforts must not be intermitted or relaxed. Having accomplished it, however, the inclined plane is slowly lowered, and the flexors, being now alone in maintaining the deformity, yield with its descent, until the limb is on the plane of its fellow and the pelvis at its natural inclination to the femur. The patient is then allowed to assume the erect posture and to attempt locomotion. By thus methodizing the extension, the author claims that a resort to tenotomy will very rarely be necessary. This idea Dr. Lee considered to be entirely new so far as the

hip-joint was concerned, and to give the book sufficient value to entitle it to a place upon our shelves.

Dr. P. D. KEYSER presented a specimen sent him by Dr. SCHITTLER, of Jefferson, Wisconsin, of the larva of the *Eristalis tenax* (the rat-tail fly), which was removed alive from the nostril. Dr. Schittler sent it October 4, 1873, and wrote that about six or seven months previously Mrs. Marsue, of Jefferson, came to him complaining that something was the matter with her nostrils; she was sure that something living was inside of them, as she could feel it moving about slowly from place to place. By careful examination with reflected light and a speculum, nothing but a hypertrophied condition of the mucous membrane lining the canal could be seen. He ordered her a nasal douche of carbolic acid solution, but without any permanent effect. After four weeks' treatment she left him, but continued using different innocent washes, until October 1, when she returned again, begging him to make a more thorough examination, as she could very distinctly feel the worm creeping about, at times going back towards the Eustachian tube, and then forward again. He again examined her, without discovering anything but the former condition, and again ordered injections of carbolic acid solution. On the 4th of October she again returned, and besought him to examine, as she felt the thing was quite in the front of the canal. On examination, to his surprise, he saw and drew out with forceps a worm about half an inch long, with a tail of the same length. He put it in water, and it swam about actively, with the tail erect. The same evening, at 10 P.M., he put it in a small vial containing alcohol and glycerin, and sent it by mail to Dr. Keyser for examination. After making a microscopical drawing of it, Dr. Keyser took it to Professor Joseph Leidy, who pronounced it to be the larva of the *Eristalis tenax*. It must have been snuffed up the nose from using water in which these larvæ were, and has continued to live in this state without transformation this length of time. There are certain peculiar conditions which prevent the transformation of larvæ into the insect, and this may have been the case in this instance, as this insect has never been known to be a parasite to man.

Dr. O'HARA stated that he had recently treated a compound fracture of the thigh in which there was shortening of one inch. He desired to ask the surgeons present what would be called a common and good cure.

Dr. D. HAYES AGNEW replied that fractures of the thigh were rarely cured without appreciable shortening. If the shortening did not exceed half an inch, or even three-fourths of an inch, the cure was not a bad one. Such fractures are rarely transverse, but oblique, at least in civil practice. In children better results as to length are obtained, but not what may be termed perfect.

Dr. W. L. ATLEE could see no reason why the limb, three hours after the fracture, could not be reduced to its original length by extension and counter-extension, under the influence of an anæsthetic. Had sufficient time elapsed after the accident for inflammation to be established in the injured parts before an attempt at extension was made, he could understand the difficulty. His remarks applied only to the first efforts at extension, and not to the result of subsequent treatment, which rarely accomplishes a perfect cure.

Dr. STETLER thought an impacted fracture might account for the difficulty in Dr. O'Hara's case.

Dr. LEE asked Dr. O'Hara whether he concluded that there was shortening of the femur because the heel of the affected side could not be brought down to the same point as that of the sound side, or from actual demonstration of overlapping of the fragments at the seat of injury, or from measurement of the femur from trochanter to external condyle. If the first indication

were relied upon solely, might not the shortening be due to dislocation upwards of the head of the femur, which the gravity and urgency of the principal lesion had caused to be overlooked?

Dr. O'HARA said there was no dislocation.

Dr. G. KERR then read a paper on the "Use of Alcohol Medicinally and Socially."

Dr. B. LEE said that he felt that it did us, as members of the medical profession, no harm to have the subject which had been discussed this evening brought to our attention from time to time, and that when one of our own number offered us a word of exhortation and of caution in this regard it behooved us to receive it with a good grace, and to give the matter thoughtful consideration. Alcohol is certainly a two-edged sword. When it fails to cure it may kill, and we cannot hedge in our exhibition of it with too many precautions. He must say, however, that the paper presented this evening was, to his apprehension, more of the nature of a temperance lecture than of a scientific essay. The subject had not been treated in that spirit of fair, searching, discriminative investigation which would enable us to discuss it intelligently. The author had referred in the course of it to the writings of two distinguished English physicians and physiologists,—Carpenter and Anstie. The former of these has been for years the bright and shining light of that school who desire to show that alcohol can never be of any possible use to the human body, the result of his experiments being, in his own view and that of his followers, that all the alcohol taken into the body is rejected by it in the various excretory processes, and that it is therefore evidently regarded by the tissues as simply an intruder, and a poison. These experiments have, however, been completely overturned by later investigators, and by none more completely than by Anstie, whom the lecturer has quoted approvingly on one side of the question, while his views on the opposite side have been passed over in silence. His recent experiments led him to the conclusion that a healthy adult man can appropriate two ounces of alcohol in the course of twenty-four hours, no trace of which or of its constituents can be found in his excreta. We must conclude, then, that it has undergone a conversion into tissue, and therefore is to be regarded in the light of a food.

Dr. J. G. STETLER asked Dr. Kerr what substitute besides "Schuylkill water flavored with Knickerbocker ice" he proposed giving the American Medical Association in the place of alcohol.

Dr. F. J. BUCK thought there ought to be a law which would allow friends to confine habitual drinkers as insane, on certificate.

REVIEWS AND BOOK NOTICES.

A HANDBOOK OF THE THEORY AND PRACTICE OF MEDICINE. By FREDERICK T. ROBERTS, M.D., B.Sc., M.R.C.P. Philadelphia, Lindsay & Blakiston, 1874.

Dr. Roberts has succeeded admirably in the performance of a very difficult task,—the condensation into a moderate-sized volume of the main facts connected with the pathology, symptomatology, and treatment of disease,—and in doing so he has produced one of the most satisfactory medical handbooks in the language. He states modestly in his preface that the work is intended mainly for the use of students, and that its object is to present in one volume such information on the principles and practice of medicine as shall be sufficient to prepare them for their various examinations, and also to guide them in acquiring that clinical knowl-

edge which alone can properly fit them for assuming the active duties of their profession. Judged by this standard, it is not just to complain that the book is not so lucid and comprehensive as Flint, so entertaining as Watson, or so scientific and copious in its pathology as Aitken, but we should simply inquire whether its object has been accomplished, and whether it supplies a recognized deficiency in medical literature. In the first place, the general arrangement of the work is excellent, both for convenience and ready reference, and for the systematic study of disease. Before entering upon the consideration of the affections of any special organ or sets of organs, a general outline is given of the clinical phenomena which indicate a morbid condition of those parts, with a summary of the symptoms and physical signs presented by each under varying circumstances. The remarks on diagnosis, prognosis, and treatment are clearly and concisely generalized.

The first section, on the etiology and semeiology of disease, while it might perhaps have been omitted without lessening the value of the work to the general practitioner, yet contains many valuable hints to students on matters which they are too apt to overlook.

In the second section are considered certain morbid conditions of which it seems desirable to have a comprehensive knowledge before studying them in connection with special diseases. These include congestion, dropsy, hemorrhage, inflammation, pyrexia, etc.; and, without entering into any minute histological disquisitions, the subjects have been fairly brought up to the level of the present day.

The third section is devoted to the consideration of individual diseases and their clinical investigation. The faults throughout this portion of the book are, as in every compend, chiefly those of omission.

Under scarlatina there is no mention made of atrophy of the optic disks as a sequel to that disease, although it is not infrequent and is of great importance. In the article on gout very little is said about the employment of mineral waters, and no distinction is drawn between their different varieties. In the very brief mention which is made of gonorrhœal rheumatism, there is no allusion to the idea that the disease may be of pyæmic origin. In discussing the treatment for tænia, the author does not allude to the use of pumpkin-seed, although that was long ago proven to be a valuable and reliable remedy in such cases. Under dysentery, there is no mention made of injections of ice-water or of chlorate of potassium; both, it seems to us, deserving of a passing notice.

In the article on sunstroke, there is evidence of a want of familiarity with American authorities on that subject.

These are, of course, but trifling and excusable errors, and, although their enumeration might be prolonged, the foregoing will serve as sufficient examples.

The introductory remarks to the diseases of the circulatory organs are particularly lucid, and will doubtless help many to a clearer understanding of the somewhat complicated subject and of the physical symptoms apparent in these affections.

The diseases of the lungs and pleuræ are excellently discussed, and perhaps constitute the most praiseworthy portion of a work which is very creditable to its author, and which is likely to be of great service both to students and to practitioners.

LECTURES ON THE CLINICAL USES OF ELECTRICITY. By J. RUSSELL REYNOLDS, M.D., F.R.S. Second Edition. Philadelphia, Lindsay & Blakiston.

We are glad to see a second edition of this little manual, which, to our thinking, for students and for general practitioners is simply the best book in the language upon the subject of which it treats. Clear, concise, containing pretty much all that is worth know-

ing, it is singularly free from the farrago of fallacies and nonsense which encumber so many treatises upon electricity. We greatly fear that the edition is a pirated one, and only wish medical public opinion was strong enough, in the absence of a copyright law, to make self-interest and justice synonyms in the American publishers' dictionary.

AN INTRODUCTION TO PHYSICAL MEASUREMENTS, WITH APPENDICES ON ABSOLUTE ELECTRICAL MEASUREMENTS, ETC. By DR. F. KOHLRAUSCH. Translated from the Second German Edition by THOMAS HUTCHINSON WALLER, B.A., B.Sc., and HENRY RICHARDSON PROCTOR, F.C.S. New York, D. Appleton & Co., 1874.

A very learned book, a very abstruse book, which we fear will not be appreciated by the medical profession. Indeed, the only part of any possible interest to physicians is that which treats of the absolute measurement of electric force. A glance over its abstruse formulæ has convinced us that a modification of Laplace's saying to Mrs. Somerville may be applied to the physician who reads them: "You and Miss Fairfax are the only woman who has read my *Mécanique Céleste*."

THE MICROSCOPIC STRUCTURES AND MODE OF FORMATION OF URINARY CALCULI. By H. VANDYKE CARTER, M.D. Lond., with Illustrations. 8vo, pp. 51. London, J. & A. Churchill, 1873.

This brochure is a praiseworthy effort in a field not explored, systematically at least, previous to the labors of Dr. Carter. Much valuable information, liberally illustrated, is added to our knowledge of the physical and chemical composition of calculi.

Dr. Carter believes that the microscopic analysis of urinary calculi is "not only more valuable, but that it is even more delicate, than the chemical method," and by its aid is still more clearly shown than before that "no single urinary deposit long occurs alone." That this fact is beautifully confirmed by microscopic examination is true; but microscopic analysis cannot be said to be more certain than chemical analysis, the well-determined facts of which are beyond dispute, and the fact of the mixed composition of urinary calculi has long been one of these. To be able to *confirm* chemical results is, however, sufficiently good work for microscopical inquiry; and in this respect Dr. Carter has done very valuable work.

We had hoped to find, as the result of Dr. Carter's researches, some more certain indications than we now possess of the exact nature of existing calculi, from a study of the microscopical and chemical characters of the urine; but we regret to find nothing more definite than heretofore. The difficulty in the dispersion of calculi by chemical means is explained by the large amount of animal matter always present, which, when the salts are removed by solution, remains behind in the shape of a stubbornly insoluble membranous matrix.

LECTURES ON BRIGHT'S DISEASE, WITH ESPECIAL REFERENCE TO PATHOLOGY, DIAGNOSIS, AND TREATMENT. By GEORGE JOHNSON, M.D., F.R.S., Fellow of the Royal College of Physicians, Professor of Medicine to King's College Hospital, etc. 12mo, pp. 152. New York, G. P. Putnam's Sons, 1874.

Anything from the pen of Dr. Johnson on the subject of Bright's disease is welcome. A pioneer in the true pathology of the subject, it is pleasant and useful to read his views as confirmed or enlarged by the result of many years' experience and study. The present volume, dedicated to his past and present pupils, is a reprint of some lectures published during the past year in the *British Medical Journal*, and may be said to represent his present views. These have not materially altered from those presented many years ago in his

larger volume, but are presented in a form easily available to the busy practitioner. When we say that in both pathology and treatment he more nearly approaches than any other author what we conceive to be the correct notion, and that the practitioner and the student will find all that is essential to guide him to the most successful treatment possible of Bright's disease, we feel that we have said all that is required.

GLEANINGS FROM OUR EXCHANGES.

THE VALUE OF TENOTOMY OF THE TENSOR TYMPANI MUSCLE.—At the annual meeting of the American Otological Society in 1873, Dr. R. M. Bertolet read an interesting and instructive paper upon the above subject. He believes that the operation is bound to become one of the most important remedial measures at the disposal of the aural surgeon, when the comparative simplicity and harmlessness of the procedure are more generally recognized, the indications more clearly enunciated, and when it is not resorted to merely as a *dernier* measure. The precise process leading to rigidity and shortening of the tensor tympani muscle is not yet determined. The patient's history is generally one of progressive difficulty of hearing, with tinnitus aurium, fulness in the ears, vertigo, etc. The membrana tympani is seen to be unusually concave; frequently the promontory is seen shining through the membrane, and the handle of the malleus is drawn inwards so as to appear foreshortened.

Dr. Bertolet gave the following table of sixteen cases in which the operation had been performed:

No.	Sex.	Age.	Ear operated upon.	Duration of the affection in years.	Hearing-distance for watch before the operation.	Hearing-distance after division of the tendon.	Remarks.
1	F.	45	L.	7	Contact.	Only temporary cessation of the tinnitus.
2	M.	50	L.	8	0	Contact.	Cessation of the noises.
3	M.	50	R.	8	1"	6"	Cessation of the noises.
4	M.	41	L.	5	0	Otitis media purulenta set up.
5	M.	39	R.	2	0	12"	Complete cessation of the noises.
6	F.	28	L.	years?	Contact.	} Resulted in a purulent inflammation of the middle ear.
7	F.	28	R.	years?	0	
8	M.	60	L.	3	Contact.	Contact.	Diminution of the tinnitus.
9	F.	19	R.	2	2"	36"	} Entire subsidence of the tinnitus in both ears.
10	F.	19	L.	2	3"	36"	
11	F.	47	L.	4	0	Contact.	Diminution of noises, eventually worse.
12	M.	36	L.	3	Contact.	Contact.	} Noises disappeared in both ears.
13	M.	36	R.	3	1"	1"	
14	M.	62	L.	12	0	0	Noises greatly diminished.
15	M.	62	R.	12	0	0	No improvement.
16	F.	47	R.	4	2"	2"	Noises only slightly relieved.

CASE OF ACARDIA (*New York Medical Journal*, February, 1874).—Dr. Lusk reports a case of twin pregnancy,—labor occurring in the seventh month,—in which the birth of the first child was followed thirteen hours later by the delivery of an acardiac monstrosity, weighing three pounds and nine ounces. The lower extremities as far as the feet were well developed. A loop of intestine protruded from the umbilicus. The upper portion of the foetus consisted of two globular

sacs, composed of skin, which was greatly hypertrophied, and through which a distinct fluctuation could be made out. There was a small bunch of hair at the upper junction of the sacs. The cervical, dorsal, and lumbar vertebræ were complete, but the sternum was absent. There were no traces to be found of either heart, lungs, stomach, pancreas, liver, or spleen.

The accepted theory of the origin of this monstrosity is as follows. The acardia is always one of twins. Both children are developed from the same ovum, are of the same sex, and are contained in a single chorion. There is a single placenta, but two capillary systems, which communicate. Sometimes, by means of large connecting vessels, the two foetal circulations in the placenta form a more intimate union with each other. Then, in case each foetal heart beats with equal intensity, the result would be an arrest of the circulation in the communicating branches, with the formation of thrombus. When the heart's action in one foetus counterbalances that in the other, the stronger blood-current in the placenta would push back the weaker one, at first impeding the circulation of the latter, then arresting it, and finally causing it to take an inverse direction. The heart then atrophies, and the force not being sufficient to carry the blood-current to the upper parts of the body, they are consequently not developed.

FRACTURE OF THE SKULL, WITH CHRONIC ABSCESS (*Edinburgh Medical Journal*, December, 1873).—Dr. James More reports the case of a young man who was injured by the bursting of a gun. When seen, he was sitting quietly by his fireside, apparently not much the worse for the accident. There was a stellate wound right in the middle of the frontal bone, about the size of a garden pea; there was no pain, and little or no hemorrhage. On the introduction of a probe, fracture of the bone was found, and the probe went easily and straightly into the substance of the brain. He was ordered perfect quiet, a mild aperient, and milk diet. At the end of a week he felt and seemed quite well, and remained so for two months. In about ten weeks, however, he began to complain of headache, slight sickness, and giddiness; his temperature became irregular, and he had exophthalmos, with enormously dilated pupils. He became profoundly comatose, and died just thirteen weeks after receipt of the injury. At the post-mortem examination a small canal was found leading antero-posteriorly from the frontal wound into an abscess. The latter was the size of an orange, and was situated just above the right ventricle, the roof of which formed the floor of the abscess. The meninges in the neighborhood were thickened, but otherwise the brain and all its coverings were healthy.

A TEST FOR CARBOLIC ACID (*Journal of Applied Chemistry*, February, 1874).—Plugge has observed that when a solution containing carbohc acid is mixed with a solution of the subnitrate of mercury, not only is the mercury reduced, but the liquid acquires an intense red color. Further experiments showed that the presence of traces of nitrous acid was essential to this reaction, and that it could be employed as a test for carbohc acid. He found that the color was still quite evident when only one sixty-thousandth part of carbohc acid was present. Still smaller quantities could be detected by this test if carefully applied, but the amount of nitrous acid must be very small.

PRECOCIOUS MENSTRUATION (*American Medical Journal*, February, 1874).—Dr. A. F. Deniston reports the case of a female child in whom the menses first made their appearance at the age of twelve weeks and have since recurred with unfailing regularity. The girl is now eleven years of age; her breasts are fully developed, and she appears much older than is natural.

MISCELLANY.

THE WOMAN QUESTION VIEWED CHEMICALLY.—“She is large, ruddy, and plump, a good-looking, strawberry-and-cream woman, but one of these negative ones,—a perfect *Pulsatilla* case,” said Mrs. Dr. —. The above suggested the following train of thought: “Fleshy and negative,” then lean and positive must be the other extreme. There is an idea for you. But is it a fact? If so, let us see where it leads us. Woman is more fleshy than man. Woman is negative; man, as a rule, is positive. Women are not as fleshy as they were formerly, therefore they are more positive. American women are the leanest of the lean, therefore American women are the most positive, *i.e.*, the most strong-minded and aggressive, or, in other words, more masculine-like, and less womanly, and of necessity less motherly. If that is so, then the Turk who fattens his women with bread and honey is a sage and a physiological philosopher. His women are fat and contented, and peace reigns in his harem. Then the triumph of the woman question turns upon a little more acid. Fat is negative and alkaline; lean is positive and acid. Sweets, starch, and fats are fattening, while acids, stimulants, and spices take off fat. Quiet and water increase the fat, while activity takes it off. Now, there is a hint for the women who would be “man’s equal,” *i.e.*, equally positive. Agitate, stir up the sisters, condemn bonbons, insist on a little more pickles and all the spices you can get, and do not object to tobacco (smoke) and (bay) rum. What a ray of hope for henpecked husbands! How they can quietly and effectually flank and subdue the turbulent element with sweets, soups, fish, and a little more mutton. There is, however, a large, intelligent, and growing brain that cannot thus be subdued, and, thank the Lord, these are “too wise to err and too good to be unkind.”—*The Medical Investigator (Homœopathic)*.

IS SULPHATE OF MORPHIA INCOMPATIBLE WITH COMPOUND SPIRIT OF ETHER?—A writer in the *Druggist’s Circular* says, “A short time ago I prepared the following prescription:

R Sulphate of morphia, 3 grains;
Compound spirit of ether, 2 ounces.

Mix. Dose, a teaspoonful at night.

“About two weeks afterwards the bottle was returned; there was about a quarter of an ounce of liquid left in the vial, and I noticed it was full of small crystals of morphia. I made a solution of sulphate of morphia in alcohol, and kept it two days without any change intervening, when, a small quantity of ether being added, the whole of the sulphate of morphia crystallized out in the space of twenty-four hours. Had the patient taken the last dose, with all the crystals in it, the result would have been quite serious.”

EASTERN HONORS TO AN AMERICAN SURGEON.—According to the *Lynchburg Republican*, Dr. Edward Warren is extremely successful in Cairo. It says he

is at present chief surgeon to the staff, ranking as colonel, with a salary of \$300 a month, and the privilege of practising his profession. The doctor had treated the Minister of War for a disease after he had been given up to die by the physicians of Cairo, and the patient recovered, which was looked upon as almost a miracle. He was officially thanked for saving the minister’s life. The viceroy issued an order making the doctor a Bey, and giving him a decoration, and he has since been overrun with practice.

NOTES AND QUERIES.

KENTON, OHIO, February 18, 1874.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

Can you inform me in what manner croton chloral is used—whether dissolved or in powder, or in what does it dissolve—and also its dose? An answer to this would be a favor.

Very truly yours,
C. H. SMITH.

Answer.

Croton chloral is to be given in doses of from ten to twenty grains, dissolved in syrup; in poisonous properties it is *probably* about equal to chloral.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

In the number of the *Richmond and Louisville Medical Journal* for October, 1873, a writer speaking of lithotomy says, “The records show a greater percentage of success in it by a Kentucky surgeon, even to this day, notwithstanding all the modern improvements. I speak of Dr. Benjamin F. Dudley, of Lexington.” I have heard the same thing claimed for Prof. Paul F. Eve, of Nashville, Tenn. Which of these claims is correct? Am I wrong in thinking Prof. Gross has attained at least as high a percentage of success as either of these gentlemen? By giving me the required information, and the statistics of the operation, through the columns of the *Medical Times*, you will greatly oblige

A YOUNG SURGEON.

Answer.

We would be obliged for an answer from some surgical subscriber.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM FEBRUARY 10, 1874, TO FEBRUARY 23, 1874, INCLUSIVE.

EDWARDS, L. A., SURGEON.—Leave of absence extended fifteen days. S. O. 29, Military Division of the Atlantic, February 16, 1874.

GHISELIN, JAMES T., SURGEON.—Relieved from duty as Attending-Surgeon at Portland, Oregon, to enable him to avail himself of his leave of absence. S. O. 18, Department of the Columbia, February 4, 1874.

RANDOLPH, JOHN F., SURGEON.—Assigned to duty as Chief-Surgeon with troops under orders for field-service in the vicinity of Fort Laramie, Wyoming Territory. S. O. 22, Department of the Platte, February 14, 1874.

HEITZMANN, C. L., ASSISTANT-SURGEON.—Assigned to duty with troops under orders for field-service in the vicinity of Fort Laramie, Wyoming Territory. S. O. 22, c. s., Department of the Platte.

ROSE, GEORGE S., ASSISTANT-SURGEON.—Assigned to temporary duty at Yuma Depot. S. O. 11, Military Division of the Pacific, February 9, 1874.

CLEARY, P. J. A., ASSISTANT-SURGEON.—To report in person to the Commanding-General, Department of the Missouri, for assignment to duty. S. O. 34, A. G. O., February 16, 1874.

WIGGIN, A. W., ASSISTANT-SURGEON.—Detailed temporarily for duty as Attending-Surgeon at Portland, Oregon. S. O. 18, c. s., Department of the Columbia.